|  |  |  |  |
| --- | --- | --- | --- |
| **Workplace/ Activity (or part):** |       | **No. of Employees:** |       |
| **Assessment carried out by:** |       | **Date:** |       | **Assessment No:**  |       |

**Hazards and Potential Injuries**

|  |  |
| --- | --- |
| **Major Hazards** (arising from risk assessment) | **Potential Injuries** (from risk assessments and accident history) |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

**Considerations**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Inexperienced workers or those with disabilities or health problems |       | Injuries & illness have previously occurred |       | Employees who travel, work remotely or work alone, shifts or out of hours |       | Visitors and members of the public |       |
|  |  |  |  |  |  |  |  |
| Premises spread out across several buildings/floors |       | Remoteness from emergency medical services |       | Employees working at sites occupied by other employers |       | Planned and unplanned absences of first aiders/appointed persons |       |

**First Aid Resources Required**

|  |  |  |
| --- | --- | --- |
| **Number of Persons & Locations** |  | **Equipment and Facilities** |
| **Appointed Persons**  |       |  |       |
| **Emergency First Aiders** |       |  |       |
| **First Aiders** |       |  |       |
| **Additional training** |       |  | **Types** |       |

**Remedial Action Plan** (In order of priority)

|  |  |  |  |
| --- | --- | --- | --- |
| **Action to be Taken** | **Person Responsible** | **Target Date** | **Completion Date** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Annual Review** (Corrective action to be added to the list above)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1st Review** |  | **2nd Review** |  | **3rd Review** |  | **4th Review** |  | **5th Review** |
| **Reviewed by:** |       |  |       |  |       |  |       |  |       |
| **Date:** |       |  |       |  |       |  |       |  |       |